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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

09/843,605
April 26, 2001
Thomas T. NGUYEN
2661
28945-041

To: Assistant Commissioner for Patents Washington, DC 20231						
I hereby apply to withdraw as attorney or agent for the above identified patent application.						
The reasons for this request are: The Applicant and assignee have failed to pay one or more bills request EIVED by the appointed attorneys for an unreasonable amount of time.						
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Firm or Individual Name	Mr. Dennis Joyce					
Address	Fortress Technologies, Inc.					
Address	4025 Tampa Road, Suite 1111					
City	Oldsmar	State	FL	ZIP	USA	
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Telephone	1.813.288.7388	Fax	1.813.288.7389			
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number This request is enclosed in prolicate/(including any attachments).						
Name Anthony	C/Cøles /////					
Signature Signature						
Date October	9, 2002					
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.